



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD018675058

INSTALLATION ADDRESS

RAINBOW CLEANERS INC  
1540 DIXWELL AVE  
HAMDEN

CT 06514

1540 DIXWELL AVE  
HAMDEN

CT 06514





U.S. ENVIRONMENTAL PROTECTION AGENCY  
**NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

**INSTRUCTIONS:** If you received a preprint label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

RAINBOW CLEANERS  
1540 DIXWELL AVENUE  
HAMDEN, CONN. 06514

SQG

**FOR OFFICIAL USE ONLY**

**COMMENTS**

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
CT 0018675058		8/11/08

**I. NAME OF INSTALLATION**

RAINBOW CLEANERS INC

**II. INSTALLATION MAILING ADDRESS**

STREET OR P.O. BOX		CITY OR TOWN	ST.	ZIP CODE
1540 DIXWELL AVE		HAMDEN	CT	06514

**III. LOCATION OF INSTALLATION**

STREET OR ROUTE NUMBER		CITY OR TOWN	ST.	ZIP CODE
1540 DIXWELL AVE		HAMDEN CONN.		06514

**IV. INSTALLATION CONTACT**

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
RAINBOW CLEANERS INC	

**V. OWNERSHIP**

A. NAME OF INSTALLATION'S LEGAL OWNER	
RICHARD C. VERMERIS	

**VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))**

F - FEDERAL M - NON-FEDERAL	<input checked="" type="checkbox"/> A. GENERATION	<input type="checkbox"/> B. TRANSPORTATION (complete item VII)
	<input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))**

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
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**VIII. FIRST OR SUBSEQUENT NOTIFICATION**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

Small Quantity

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)
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**IX. DESCRIPTION OF HAZARDOUS WASTES**

C. INSTALLATION'S EPA I.D. NO.

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**HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002				
D3 - D4	D3 - D4	D3 - D4	D3 - D4	D3 - D4	D3 - D4
7	8	9	10	11	12
D3 - D4	D3 - D4	D3 - D4	D3 - D4	D3 - D4	D3 - D4

**HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

[illegible]

**COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
37	38	39	40	41	42
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
43	44	45	46	47	48
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

**LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49		50		51		52		53		54	
EJ - P6		EJ - P6		EJ - P6		EJ - P6		EJ - P6		EJ - P6	

**CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE  
(0001)

- ☐ 2. CORROSIVE  
(2002)

- ☐ 2. REACTIVE  
(0002)

- ☐ 4. TOXIC  
(DEED)

## CERTIFICATION

*certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

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NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Richard C. Verneis

Richard C. Verneris President

10/9/84